PRINTED: 05/30/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL034-312	B. WING		05/	29/2019	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	: ZIP CODE	1 00/2	13/2013	
NAME OF T	TOVIDEIT OIL 3011 EIEIL		K GLEN DRIVE	, ZII GODE			
FRIENDLY	PEOPLE THAT CARE 2		N SALEM, NC 271	07			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	THE APPROPRIATE	COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was Deficiencies were cite	s completed on 5/29/19. ed.					
	category: 10A NCAC	d for the following service 27G .5600C Supervised se Primary Diagnosis is a ility.					
V 118	27G .0209 (C) Medica	ation Requirements	V 118				
	only be administered order of a person authorugs. (2) Medications shall clients only when authorient's physician. (3) Medications, inclusion administered only by unlicensed persons to the privileged to prepare and the	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be after administration. The following:					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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MHL034-312		B. WING		05/29/2019			
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
FRIENDLY	PEOPLE THAT CARE 2		GLEN DRIVE SALEM, NC 2'	7107			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 118	Continued From page with a physician.	÷ 1	V 118				
	MAR of all medication	iew, observation and failed to ensure ministered as ordered and a as administered to each at affecting 1 of 3 clients					
	-An admission date of	muscle spasms, seizures, ment Disorder, mild ental disability, vision					
	Finding #1: The facilit medication to client #	y administered expired 2.					
	an order dated 10/22/	client #2's record revealed '18 for Fluticasone (used for ims, instill 1 spray into each					
		19 of Fluticasone revealed ispensed on 9/6/17 and					
		client #2's MAR for the evealed Fluticasone had the client daily.					
		with staff #2 revealed: red Fluticasone to client #2					

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	MHL034-312	B. WING		05	/29/2019	
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
FRIENDLY PEOPLE THAT CARE 2		K GLEN DRIVE N SALEM, NC 2'	7107			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
Interview on 5/29/19 w -She was not aware th administering expired -It was the responsibili expiration dates of me administered them to o Finding #2: The facility that client #2 had beer after it was discontinue available. Review on 5/29/19 of o a discontinue order da (anticoagulant) 5 millig twice daily.	the medication had the expiration dates on diministering them. The Manager revealed: at staff had been Fluticasone to client #2; ty of the staff to check the dications before they clients. The continued to document administered a medication ed and was no longer Client #2's record revealed ted 5/6/19 for Eliquis grams, 1 tablet by mouth 9 of client #2's medications us was not available. Client #2's MAR for the dealed Eliquis was still With staff #1 revealed: Fred Eliquis to client #2 evenings; If the medications she AR; If she had continued to cating that she oclient #2 after the	V 118				

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Interview on 5/29/19 -He usually administeduring the week in the He was not aware the been discontinued; -He did not compare administered to the Medications listed on administered; -"I figured someone of Interview on 5/29/19 -She was aware that discontinued; -She had removed the on 5/6/19 when it was she should have draremaining days of the	with staff #2 revealed: ered Eliquis to client #2 e mornings; at client #2's Eliquis had the medications he MAR and just initialed that all the MAR were checks it every month." with the Manager revealed: client #2's Eliquis had been e medication from the facility	V 118				

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